



REGISTRATION FORM FOR NON-CERTIFICATE PARTICIPANTS AND 'STAND ALONE' COURSES

PARTICIPANT DETAILS

Name:

Employee ID:

Job Title:

Department:

Division:

Contact Information: *Phone/Extension -*

E-mail -

How long have you been in your current job?

___ Years

___ Months

How long have you been employed by the City of Riverside?

___ Years

___ Months

☐ I fully satisfy the "Eligible Participants" conditions relevant to my chosen course(s).

Signature:

Date:

COURSE DETAILS

You may use this form to register for up to four (4) scheduled course sessions.

*** *SOAR Technology Certificate participants* please check this box ☐ and use this form to register for any courses relevant to your certificate program. You do not have to register for all courses simultaneously. ***

Course Name:

Course Name:

Session Date:

Session Date:

Session Time:

Session Time:

Course Name:

Course Name:

Session Date:

Session Date:

Session Time:

Session Time:

SUPERVISOR/MANAGER APPROVAL DETAILS

Name:

Job Title:

Contact Information: *Phone/extension -*

E-mail -

☐ **Approval Granted**

Signature:

Date:

DEPARTMENT HEAD'S NOMINATION DETAILS (if required)

Department Head:

OR

Authorized Department Delegate:

Job Title:

☐ **Nomination Confirmed**

Signature:

Date:

Send your completed registration form to: M³P High Performance Learning Center, Human Resources Department, 3780 Market St., Riverside 92501, or via fax: (951) 826-2552.

For comprehensive program and registration information: please refer to our Learning Reference, or visit our website at www.riversideca.gov/human/m3p.

For any questions or comments: please contact us at Ph: 951-826-5269 or E-mail: m3p@riversideca.gov.